

**RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR RESOURCES**

**APPLICATION FOR APPROVAL OF PLANS TO
CONSTRUCT, INSTALL, OR MODIFY FUEL BURNING EQUIPMENT**

Return to: RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR RESOURCES
235 PROMENADE STREET
PROVIDENCE, RI 02908

Section A	<div>1. FULL BUSINESS NAME _____ PHONE _____</div> <div>2. ADDRESS OF EQUIPMENT LOCATION _____ _____ SIC CODE _____ # EMPLOYEES _____</div> <div>3. LOCATION ON PREMISES (BLDG., DEPT., AREA, ETC.) _____</div> <div>4. NATURE OF BUSINESS _____</div>
Section B	<div>APPROVAL REQUESTED FOR:</div> <div>1. CONSTRUCTION <input type="checkbox"/> INSTALLATION <input type="checkbox"/> MODIFICATION <input type="checkbox"/></div> <div>2. ESTIMATED STARTING DATE _____ ESTIMATED COMPLETION DATE _____</div>
Section C	<div>TYPE OF FUELS USED</div> <div>1. FUEL: OIL <input type="checkbox"/> GRADE: 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> NAT. GAS <input type="checkbox"/> OTHER <input type="checkbox"/></div> <div>2. ANNUAL USAGE: OIL _____ GALS. NAT. GAS _____ FT³ OTHER _____</div> <div>3. MAXIMUM FIRING RATE: OIL _____ GALS/HR. NAT. GAS _____ FT³/HR. OTHER _____</div> <div>4. MAXIMUM HEAT INPUT: OIL _____ BTU/HR. NAT. GAS _____ BTU/HR. OTHER _____ BTU/HR.</div> <div>5. SEASONAL USE: OIL _____ TO _____ (MONTHS) NAT. GAS _____ TO _____ (MONTHS) OTHER _____ TO _____ (MONTHS)</div> <div>6. FUEL SUPPLIER: OIL _____ NAT. GAS _____ OTHER _____</div>

Section D	<p>BOILER</p> <p>1. MANUFACTURER:_____ MODEL NO.:_____</p> <p>2. BOILER TYPE: <input type="checkbox"/> WATER TUBE <input type="checkbox"/> FIRE TUBE <input type="checkbox"/> PACKAGE <input type="checkbox"/> OTHER (SPECIFY)_____</p> <p>3. SIZE: _____HP _____BTU/HR</p> <p>4. TYPE OF BURNER: <input type="checkbox"/> STEAM ATOMIZER <input type="checkbox"/> AIR ATOMIZER <input type="checkbox"/> TANG. FIRED <input type="checkbox"/> OTHER (SPECIFY)</p> <p>5. ARE OIL HEATERS USED? <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE: <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> STEAM</p> <p>6. BURNER MANUFACTURER:_____ BURNER CAPACITY:_____(GPH)</p> <p>NO. OF BURNERS:_____</p>
	<p>COMBUSTION TURBINE</p> <p>1. MANUFACTURER:_____ MODEL NO.:_____</p> <p>2. SIZE: _____MW MAXIMUM HEAT INPUT:_____BTU/HR</p> <p>3. STEAM OR WATER INJECTION: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>4. INJECTION RATIO: _____LB/LB</p>
	<p>INTERNAL COMBUSTION ENGINES</p> <p>1. MANUFACTURER:_____ MODEL NO.:_____</p> <p>2. SIZE:_____HP <input type="checkbox"/> RICH BURN <input type="checkbox"/> LEAN BURN</p> <p>** IF THE FUEL BURNING EQUIPMENT DOES NOT FALL INTO ANY OF THESE CATEGORIES, PROVIDE ENOUGH INFORMATION TO ADEQUATELY DESCRIBE THE EQUIPMENT.</p>
Section E	<p>CONTINUOUS EMISSION MONITORS</p> <p>MANUFACTURER/MODEL NO.</p> <p><input type="checkbox"/> OPACITY _____</p> <p><input type="checkbox"/> OXYGEN _____</p> <p><input type="checkbox"/> CO₂ _____</p> <p><input type="checkbox"/> NO_x _____</p> <p><input type="checkbox"/> SO₂ _____</p> <p><input type="checkbox"/> CO _____</p>
Section F	<p>STACK INFORMATION:</p> <p>1. STACK EXIT DIMENSIONS I.D. _____ INCHES OR _____ INCHES X _____ INCHES</p> <p>2. STACK HEIGHT ABOVE GROUND _____ FEET</p> <p>3. VOLUME OF GAS DISCHARGED INTO OPEN AIR _____ ACFM @ _____ °F</p> <p>4. IS STACK EQUIPPED WITH A RAIN HAT? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>5. DISTANCE FROM DISCHARGE TO NEAREST PROPERTY LINE _____ FEET</p>

Section G	EMISSIONS INFORMATION:		EMISSIONS BEFORE	
	POLLUTANT		CONTROL EQUIPMENT	
			AFTER	
INDICATE METHOD USED TO DETERMINE EMISSIONS _____				

This application is submitted in accordance with the provisions of Chapter 23-23 of the General Laws, as amended, Regulation 9, and to the best of my knowledge and belief is true and correct.

Signature

Title

Printed Name

Date

**RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR RESOURCES**

AIR POLLUTION CONTROL PERMIT FEES

The Department's rules and regulations require the payment of fees for air pollution permits. All application fees must be submitted to:

RI Department of Environmental Management
Office of Management Services
235 Promenade Street
Providence, RI 02908

THE APPLICATION FORM AND ANY ACCOMPANYING DOCUMENTS SHOULD BE SUBMITTED TO THE OFFICE OF AIR RESOURCES AT THE ADDRESS SHOWN ON THE APPLICATION FORM.

Please complete this form, attach it to the check or money order and submit it to the Office of Management Services. Payment should be made payable to General Treasurer, State of Rhode Island.

The information requested below must be provided to coordinate the filing of your fee with your application(s). This fee is a filing fee and therefore it must be paid before we can begin review of your application(s).

APPLICANT'S NAME: _____

GENERAL DESCRIPTION OF PROCESS FROM WHICH POLLUTANTS ARISE:

FEE SUBMITTED:

Major Source or Major Modification @ \$25,410 each	_____
Complex Minor source or Modification @ \$4,620.00 each	_____
Minor source or Modification @ \$ 1,271.00 each	_____

TOTAL _____

FOR OFFICE USE ONLY:

Fee Amount Received: \$ _____

Date Received: _____

Received By: _____

For Deposit into Account 1752-80600